

STATE OF MARYLAND  
BOARD OF EXAMINERS IN OPTOMETRY - PHONE (410-764-4710)  
REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION  
Under 10.28.02 - Section .05  
**ONE FORM SHALL BE PREPARED FOR EACH ACTIVITY OFFERED**

Name of sponsor: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Title of activity: \_\_\_\_\_

Date(s) to be given: \_\_\_\_\_

Total number of hours requested (do not include breaks) per subject area:

General \_\_\_\_\_

Therapeutic \_\_\_\_\_

Brief description of content: (Enclose brochure or other advertising material).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the intended audience: \_\_\_\_\_

Names and credentials of presenters (include curriculum vitae, resume, or bio-sketch and evidence of expertise in area of activity):

\_\_\_\_\_

\_\_\_\_\_

Once approved, this activity may continue to be offered through **June 30, 2011** unless there is substantive change in content or faculty, in which case a new application is required.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

General hours: \_\_\_\_\_ COPE Category \_\_\_\_\_

Therapeutic hours: \_\_\_\_\_ COPE Category \_\_\_\_\_

\*\*\*\*\***BOARD STAFF USE**\*\*\*\*\*

Board Approval Code: \_\_\_\_\_